

STATE OF HAWAII  
Department of Labor and Industrial Relations  
Unemployment Insurance Division

**NOTIFICATION OF CHANGES**

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
UI Account Number

INSTRUCTIONS: Please type or print. Complete Part I or Part II, whichever is applicable, and deliver to the Unemployment Insurance Office where your account is maintained for correction and/or changes.

**PART I. TERMINATION OF EMPLOYMENT/BUSINESS**

NOTICE IS HEREBY GIVEN to the Hawaii Unemployment Insurance Division that the above named employer has suspended or discontinued employment in Hawaii. Employer will not file a quarterly contribution report for periods after the termination date, until such time in the future as the employer has one or more persons in employment under the Hawaii Employment Security Law. Employer is required to notify the Unemployment Insurance Division if employment in Hawaii is resumed.

Month Day Year

1. **Effective Date of Termination:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2. **Reason for discontinuation of employment:**

\_\_\_\_\_ Business in Hawaii acquired by a successor

\_\_\_\_\_ Business in Hawaii suspended or discontinued entirely without a successor

\_\_\_\_\_ Form of Organization changed to \_\_\_\_\_  
(corporation, individual, etc.)

\_\_\_\_\_ Business in Hawaii continued in operation without employment after date in item 1.

3. Name and address of person who will be responsible for employer's records hereafter:

4. Name and address of successor in business:

5. Was all or part of the business sold? ALL \_\_\_\_\_ PART \_\_\_\_\_

(FOR INFORMATION ON TRANSFERS OF RATES AND RESERVES FROM A PREDECESSOR, CONTACT THE UNEMPLOYMENT INSURANCE OFFICE)

**PART II. CORRECTIONS AND CHANGES**

NOTICE IS HEREBY GIVEN to the Hawaii Unemployment Insurance Division of the following changes and/or corrections:

1. Name \_\_\_\_\_
2. Trade Name \_\_\_\_\_
3. Business Address \_\_\_\_\_ 4. Business Telephone \_\_\_\_\_
5. Mailing Address \_\_\_\_\_ 6. Business FAX \_\_\_\_\_
7. Type of Business \_\_\_\_\_ 8. Federal I.D.No. \_\_\_\_\_
9. Change in Ownership (Officers, Partners, Stockholders, etc)

I certify that the information on this report is true and correct. Signed by: \_\_\_\_\_

Title: \_\_\_\_\_ Print Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

If you need any assistance in completing this form or if you need further information, please contact the appropriate office listed below:

OAHU: Employer Services Section P.O. Box 700 Honolulu, HI 96809-0700 Telephone: 586-8913 or 586-8914 FAX: (808) 586-8929	HAWAII: Kaiko'o Mall, #122 777 Kilauea Ave. Hilo, HI 96720-4291 Telephone: 974-4086 FAX: (808) 974-4085	MAUI: 54 S. High St, # 201 Wailuku, HI 96793-2198 Telephone: 984-8410 FAX: (808) 984-8444	KAUAI: 3100 Kuhio Hwy, #C-12 Lihue, HI 96766-1153 Telephone: 274-3025 FAX: (808) 274-3028
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**FOR OFFICIAL USE ONLY:**

Remarks: